



Department of Health and Human Services  
MaineCare Services  
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Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

**DATE:** May 26, 2011

**TO:** Interested Parties

**FROM:** Patricia Dushuttle, Director of Policy Division, MaineCare Services

**SUBJECT:** Adoption final rule – Chapter 101, MaineCare Benefits Manual, Chapter III, Section 30, Allowances for Family Planning Agency Services

The Department of Health and Human Services is adopting this rule to correct some units of service in the Chapter III of this Section to become HIPAA compliant as mandated by the Centers of Medicare and Medicaid Services (CMS) and, in preparation for the federal certification of Maine Integrated Health Management System (MIHMS). Based on an analysis of provider utilization, the Department has completed rate adjustments that remain cost neutral in the aggregate with the corrected HIPAA compliant codes and units of service. As of the effective date of this rule, Family Planning agencies will be reimbursed at the same fee for service rates as other providers of these services, including Section 90, Physicians Services. The Department will reevaluate these rates at least annually.

Corrected lesion billing codes of 54050, 54055-54057, 54060, 54065, 56501, 56515, 57061, 57065 will be covered retroactively to September 1, 2010, to allow providers to bill these services accurately.

Additionally, a “FP” billing modifier will now be required for all services performed exclusively to prevent or delay pregnancy or otherwise control family size. This modifier assures the State can properly track expenditures eligible for 90% Federal matching funds.

A public hearing was held on February 28, 2011. The public comment deadline was March 10, 2011. The Department responded to public comments and made some changes in the final rule in response.

Rules and related rulemaking documents may be reviewed at and printed from MaineCare Services website at [http://www.maine.gov/dhhs/oms/rules/provider\\_rules\\_policies.html](http://www.maine.gov/dhhs/oms/rules/provider_rules_policies.html) or, for a fee, interested parties may request a paper copy of rules by calling 207-287-9368. For those who are deaf or hard of hearing and have a TTY machine, the TTY number is 1-800-606-0215.

A copy of the public comments and Department responses can be viewed at and printed from MaineCare Services website or obtained by calling 207-287-9368 or TTY: (207) 287-1828 or 1-800-606-0215.

If you have any questions regarding the policy, please contact your Provider Relations Specialist at 1-866-690-5585 or TTY: (207) 287-1828 or 1-800-423-4331.

## Notice of Agency Rule-making Adoption

**AGENCY:** Department of Health and Human Services, Office of MaineCare Services

**CHAPTER NUMBER AND TITLE:** Chapter 101, MaineCare Benefits Manual, Chapter III, Section 30, Allowances for Family Planning Agency Services

**ADOPTED RULE NUMBER:**

**CONCISE SUMMARY:** The Department of Health and Human Services is adopting this rule to correct some units of service in the Chapter III of this Section to become HIPAA compliant as mandated by the Centers of Medicare and Medicaid Services (CMS) and, in preparation for the federal certification of Maine Integrated Health Management System (MIHMS). Based on an analysis of provider utilization, the Department has completed rate adjustments that remain cost neutral in the aggregate with the corrected HIPAA compliant codes and units of service. As of the effective date of this rule, Family Planning agencies will be reimbursed at the same fee for service rates as other providers of these services, including Section 90, Physicians Services. The Department will reevaluate these rates at least annually.

Corrected lesion billing codes will be covered retroactively to September 1, 2010, to allow providers to bill these services accurately. Additionally, a "FP" billing modifier will now be required for all services performed exclusively to prevent or delay pregnancy or otherwise control family size. This modifier assures the State can properly track expenditures eligible for 90% Federal matching funds.

See [http://www.maine.gov/dhhs/oms/rules/provider\\_rules\\_policies.html](http://www.maine.gov/dhhs/oms/rules/provider_rules_policies.html) for rules and related rulemaking documents.

**EFFECTIVE DATE:** July 1, 2011

**AGENCY CONTACT PERSON:** Delta Cseak, Comprehensive Health Planner

**AGENCY NAME:** MaineCare Services

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Established: 3/1/79

Last updated: 7/1/11

Effective -

7/1/11 **\*Please note:** As of the effective date of this rule, Family Planning agencies will be reimbursed at the same fee for service rates as other providers of these services, including Section 90, Physicians Services where applicable. All information below is current on the effective date of this rule. Subsequent to the effective date, the rates in effect and other information will be posted and available at:  
[www.maine.gov/dhhs/audit/rate-setting/index.shtml](http://www.maine.gov/dhhs/audit/rate-setting/index.shtml).

**\*\*These lesion codes will be billable retroactively to date of service 09/01/2010.**

Billing codes that “prevent or delay pregnancy or otherwise control family size” now require an FP modifier in MIHMS. The “Modifier” column below is listed for guidance only. Professional judgment should be used in determining whether the service being provided is “to prevent or delay pregnancy or otherwise control family size” and the modifier appropriately applied.

Procedure Code	Description	Modifier	Rate
11975	Insertion, implantable contraceptive capsules	FP	\$75.96*
11976	Removal, implantable contraceptive capsules	FP	\$87.91*
11977	Removal with reinsertion, implantable contraceptive capsules	FP	\$60.75*
54050**	Destruction of lesion(s); penis (e.g. condyloma, papilloma, molluscum contagiousum, herpetic vesicle), simple; chemical	No	\$78.12*
54055**	Destruction of lesion(s); penis (e.g. condyloma, papilloma, molluscum contagiousum, herpetic vesicle), simple; electrodesiccation	No	\$74.66*
54056**	Destruction of lesion(s); penis (e.g. condyloma, papilloma, molluscum contagiousum, herpetic vesicle), simple; cryosurgery	No	\$81.48*
54057**	Destruction of lesion(s); penis (e.g. condyloma, papilloma, molluscum contagiousum, herpetic vesicle), simple; laser	No	\$71.81*

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Procedure Code	Description	Modifier	Rate
54060**	Destruction of lesion(s); penis (e.g. condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	No	\$121.18*
54065**	Destruction of lesion(s); penis (e.g. condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive; (e.g. laser surgery, electrosurgery, cryosurgery, chemosurgery)	No	\$139.32*
56501**	Destruction of lesion(s) vulva; simple (laser surgery, electrosurgery, cryosurgery, chemosurgery)	No	\$79.25*
56515**	Destruction of lesion(s); vulva; extensive (e.g. laser surgery, electrosurgery, cryosurgery, chemosurgery)	No	\$138.60*
56605	Biopsy of vulva or perineum (separate procedure); one lesion	No	\$51.25*
56606	Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to the 56605 billing code for primary procedure.)	No	\$23.77*
56820	Colposcopy of the vulva;	No	\$68.06*
56821	Colposcopy of the vulva; with biopsy(s)	No	\$91.16*
57061**	Destruction of vaginal lesion(s); simple (laser surgery, electrosurgery, cryosurgery, chemosurgery)	No	\$68.87*
57065**	Destruction of vaginal lesion(s); extensive (laser surgery, electrosurgery, cryosurgery, chemosurgery)	No	\$117.82*
57170	Diaphragm or cervical cap fitting with instructions	FP	\$46.38*

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Procedure Code	Description	Modifier	Rate
57452	Colposcopy of the cervix including upper/adjacent vagina	No	\$67.39*
57454	Colposcopy with biopsy(s) of the cervix and endocervical curettage	No	\$95.67*
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	No	\$80.03*
57511	Cautery of cervix; electro or thermal; cryocautery, initial or repeat	No	\$88.98*
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	No	\$67.91*
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (list separately in addition to code for primary procedure) [Use 58110 in conjunction with 57452-57454.]	No	\$30.48*
58300	Insertion of intrauterine device (IUD)	FP	\$43.27*
81025	Urine pregnancy test, by visual color comparison methods	FP	\$9.83*
85018	Hemoglobin (Hgb) (To bill this code providers must have their current CLIA-waiver certificates on file with MaineCare and update their provider enrollment with the Department.)		\$2.88*
86703	HIV-1 and HIV-2, single assay (ex. Oraquick Advance Rapid ½. (If positive result, providers must recommend Western Blot confirmatory testing and collect a sample, blood or saliva, during the same encounter to send to an outside professional lab for testing. Prepaid Kits to collect the sample are to be purchased from the Maine Center for Disease Control and Prevention, Health and Environmental Testing Laboratory in accordance with MaineCare Benefits Manual, Section 90.04-24).	No	\$39.34*

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Procedure Code	Description	Modifier	Rate
87086	Culture, bacterial; quantitative colony count, urine (To bill this code providers must have their current CLIA-waiver certificates on file with MaineCare and update their provider enrollment with the Department.)	No	\$7.35*
87210	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types; wet mount for infectious agents (e.g. saline, India ink, KOH preps)	No	\$7.08*
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage for intramuscular use (If under eighteen (18) years of age, "Vaccines For Children" program must be used for this service and documented. If under age twenty-one (21) all MaineCare Benefits Manual, Section 94, Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) requirements for this service must be met and documented.	No	\$110.64*
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3) key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend ten (10) minutes face-to-face with the patient and/or family. (Physician assistants and nurse practitioners may also perform these services within the scope of their licensure.)	Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size	\$23.91*

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Procedure Code	Description	Modifier	Rate
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3) key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend twenty (20) minutes face-to-face with the patient and/or family.	Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size	\$41.55*
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3) key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend thirty (30) minutes face-to-face with the patient and/or family.	Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size	\$60.20*
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3) key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend forty-five (45) minutes face-to-face with the patient and/or family.	Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size	\$93.60*

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Procedure Code	Description	Modifier	Rate
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3) key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend sixty (60) minutes face-to-face with the patient and/or family.	Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size	\$118.41*
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, five (5) minutes are spent performing or supervising these services.	Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size	\$13.17*
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two (2) of these three (3) key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend ten (10) minutes face-to-face with the patient and/or family.	Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size	\$24.14*



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99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two (2) of these three (3) key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend fifteen (15) minutes face-to-face with the patient and/or family.	Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size	\$40.51*
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two (2) of these three (3) key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend twenty-five (25) minutes face-to-face with the patient and/or family.	Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size	\$61.05*
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two (2) of these three (3) key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend forty (40) minutes face-to-face with the patient and/or family.	Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size	\$82.60*

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Procedure Code	Description	Modifier	Rate
99384	Initial comprehensive preventative medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient, adolescent (age 12 through 17 years). (All providers of these services must meet all MaineCare Benefits Manual, Section 94 Early, Periodic, Screening, Diagnostic and Treatment (EPSDT) periodicity requirements for MaineCare members up to their twenty-first (21) birthday.)	Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size	\$62.06*
99385	Initial comprehensive preventative medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient, adolescent age 18-39 years. (All providers of these services must meet all MaineCare Benefits Manual, Section 94 Early, Periodic, Screening, Diagnostic and Treatment (EPSDT) periodicity requirements for MaineCare members up to their twenty-first (21) birthday.)	Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size	\$61.43*
99386	Initial comprehensive preventative medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient, adolescent (age 40-64)	Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size	\$63.32*

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Procedure Code	Description	Modifier	Rate
99387	Initial comprehensive preventative medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient, adolescent (65 years and older)	Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size	\$65.89*
99394	Periodic comprehensive preventative medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory diagnostic procedures, established patient; adolescent (age 12 through 17 years). (All providers of these services must meet all MaineCare Benefits Manual, Section 94 Early, Periodic, Screening, Diagnostic and Treatment (EPSDT) periodicity requirements for MaineCare members up to their twenty-first (21) birthday.)	Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size	\$58.37*
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of appropriate laboratory/diagnostic procedures, established patient; age 18-39 years. (All providers of these services must meet all MaineCare Benefits Manual, Section 94 Early, Periodic, Screening, Diagnostic and Treatment (EPSDT) periodicity requirements for MaineCare members up to their twenty-first (21) birthday.)	Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size	\$58.74*

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Procedure Code	Description	Modifier	Rate
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of appropriate laboratory/diagnostic procedures, established patient; 40-64 years	Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size	\$58.74*
99397	Periodic comprehensive preventative medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory diagnostic procedures, established patient; adolescent (65 years and older)	Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size	\$58.74*
99401	Preventative medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes (Family planning professionals and other qualified staff may provide.)	Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size	\$6.15*

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Procedure Code	Description	Modifier	Rate
99402	Preventative medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes (Family planning professionals and other qualified staff may provide.)	Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size	\$27.05*
99403	Preventative medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes (Family planning professionals and other qualified staff may provide.)	Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size	\$12.29*
A4266	Diaphragm for contraceptive use	FP	\$21.48*
A4267	Contraceptive supply, condom, male, each	FP	\$0.65*
A4268	Contraceptive supply, condom, female, each	FP	\$2.10*
A4269	Contraceptive supply, spermicide (e.g., foam, gel) each	FP	\$8.60*
J1055	Injection, medroxyprogesterone acetate for contraceptive use, 150 mg (Depo-Provera)	FP	\$88.00*

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Procedure Code	Description	Modifier	Rate
J7300	Intrauterine copper contraceptive (Paragard T3880A)	FP	\$600.00*
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)	FP	\$716.00*
J7303	Contraceptive Supply, hormone containing vaginal ring, each	FP	\$41.78*
J7304	Contraceptive Supply, hormone containing patch, each	FP	\$14.78*
J7307	Etongestrel (contraceptive) implant system, including implant and supplies (Implanon)	FP	\$588.38*
S4993	Contraceptive pills for birth control	FP	\$12.40